

# Work Order ID 130680

Friday, March 20, 2015 1:32:35 PM

**\*130680\***

Page 1

Item ID: 41228-202-105-001 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: **\*NS2\***  
 Item Name: Lug Stop **\*NS2\***  
 Start Date: 4/03/15 Start Qty: 2.00 **\*2\*** Cust Item ID:  
 Required Date: 4/03/15 Req'd Qty: 2.00 **\*2\*** Customer:  
 Reference:

Approvals: Process Plan: M Date: 15-3-20 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| 41228-202-105                  | B                        |                      |         |        |              |               |               |                  |                |

100 0.00  
**\*100\***  
 Purchasing Memo 0.00  
 Purchasing Issue P/O: 27877  
 Possible supplier: Resin System  
 Manufacture 41228-202-105-001 as per Dwg and ERA spec  
 C of C is required.

110 Receive & Inspect for Damage & Mat'l Certs 0.00  
**\*110\***  
 Packaging Memo 0.00  
 Packaging

115 x Trim Part to spec for testing 15604  
 117 A Small fab Assy. Loctite 332 B# 129682  
 118 Q5 N/A PD

2x SP15-04-13  
6-11-15

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                               |                                   |  |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|-----------------------------------------------|-----------------------------------|--|
| Work Order: <u>130680</u><br><br>Part No. <u>41228-202-105-001</u><br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input checked="" type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input checked="" type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                      | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                               |                                   |  |
| Machining <input type="checkbox"/>                                                      | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                               |                                   |  |
| Thermoforming <input type="checkbox"/>                                                  | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                               |                                   |  |
| Large Fab <input type="checkbox"/>                                                      | Composite <input checked="" type="checkbox"/>                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                               |                                   |  |

| Root Cause    | Date     | Step | Qty | Description of work order update or non-conformance                                                                                                       | Initial Chief Eng | Action Description                              | Sign & Date      | Verification | QC Inspector |
|---------------|----------|------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------|------------------|--------------|--------------|
| Design        | 15-06-11 | 120  | ①   | Part is use for testing only.<br>inspected as per test plan drawing critical measure is .526 and it is in tolerance, but height is 2.5 and should be 3.63 | JH                | ACCEPTABLE FOR TESTING PER TP-D412-1009-1 Rev-A | JH<br>2015-06-11 |              |              |
| Doc/Data      |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Equip/Tooling |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Handling/Pre  |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Material      |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Operator      |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Offset/Setup  |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Process       |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Supplier      |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Training      |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Transport     |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |
| Unapproved    |          |      |     |                                                                                                                                                           |                   |                                                 |                  |              |              |

## FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input checked="" type="checkbox"/> Other <u>Testing.</u>                                                                                                                                                                                                                               |

**Work Order ID 130680****\*130680\***

Page 2

Friday, March 20, 2015 1:32:35 PM

Item ID: 41228-202-105-001

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Lug

Start Date: 4/03/15

Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 4/03/15

Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool # Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

120

QC6- Inspect dimensions to drawing

0.00

**\*120\***

QC

Memo

0.00

Quality Control

~~②~~

①

15-06-11

DAS  
9  
9-89DAS  
38  
9-89APR 18 2015  
140-7

130

Identify as per dwg & Stock Location: ENG

0.00

**\*130\***

Packaging

Memo

0.00

Packaging

USED ON

RD15-1009-01

①

SAD

15/06/15

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.00

Quality Control

mf  
15-6-16

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only



|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     | ADD step to Train to metal.                         |                   |                    |             |              |              |
| Doc/Data      |      |      |     | Drawing                                             |                   |                    |             |              |              |
| Equip/Tooling |      | #    |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      | 121  |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     | Impact to EA Sun matches                            |                   |                    |             |              |              |
| Process       |      | 122  |     | Drawing                                             |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

**FAULT CATEGORY**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Picklist Print

Friday, March 20, 2015 1:33:03 PM

Page 1

Work Order ID: 130680

\*130680\*

Parent Item: 41228-202-105-001

\*41228-202-105-001\*

Parent Item Name: Lug

Start Date: 4/03/15

Required Date: 4/03/15

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 15.03.20 NEW ISSUE DD VERF:JFS

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 41228-202-105-001P              |                        | Purchased     |             | No                  |                  |                 | Each               | 0.0000         |             | 2            |               |                |        |

\*41228-202-105-001P\*

Lug

\*\*

2x SP 15-04-13

DS212-1

already pulled.  
X2

B: 128673

KC 6-11-15

41228-203-050-001 X2 B: 129682

KC 6-11-15

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

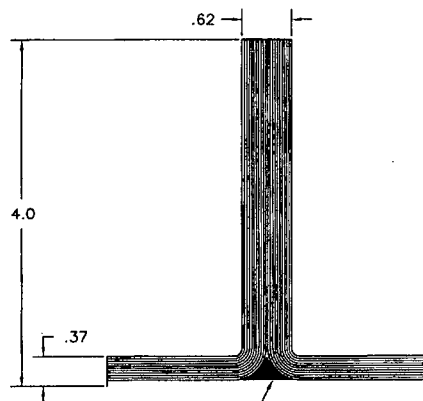
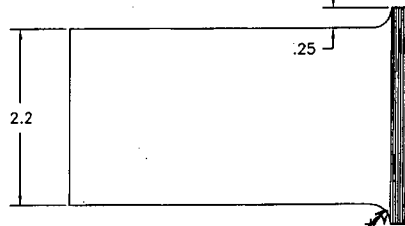
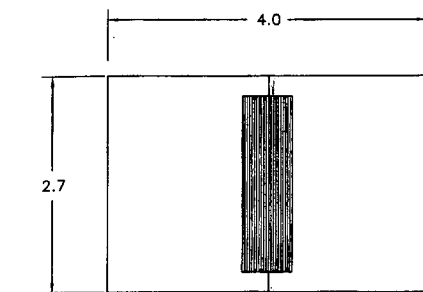
Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

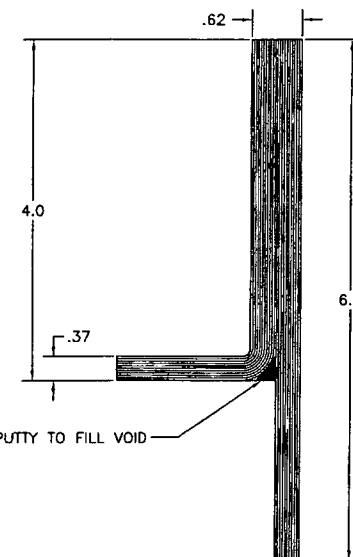
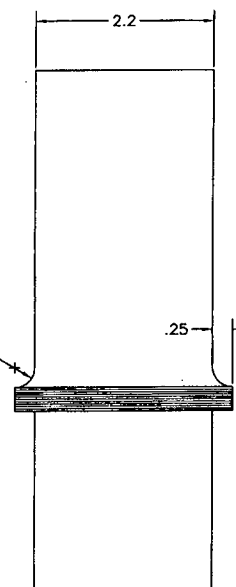
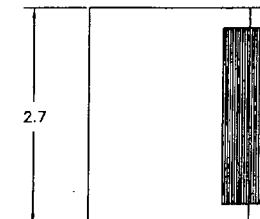
| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



41228-202-105-001 LUG ⓐ



41228-202-105-003 LUG

| REVISION |         |          |                                                | APPROVED | DATE |
|----------|---------|----------|------------------------------------------------|----------|------|
| LETTER   | DFTSMAN | DATE     | DESCRIPTION                                    |          |      |
| Ⓐ        | TAH     | 11/4/93  | ADDED -003 LUG TO L/M & F/D, ADDED NOTES 2 & 3 |          |      |
| Ⓑ        | TAH     | 12/17/93 | CHANGED P/N ON F/D & L/M                       |          |      |

- 15-3-20  
130680
- Ⓐ OBTAIN CONTOURS FROM MASTER PATTERN 41228-202-105-003 FABRICATE USING MOLD 41202-202-105-001A & -003A. Ⓐ
  - Ⓐ OBTAIN CONTOURS FROM MASTER PATTERN 41228-202-105-001 FABRICATE USING MOLD 41202-202-105-001A & -001B. Ⓐ
  - Ⓐ BUILD UP LUG IN ACCORDANCE TO ERA PROCESS SPECIFICATION ERA-2003.

NOTE:

|                                                                                                                                                                                                                                                                   |     | 41228-202-105-003 | LUG            | Ⓐ                                |                     |           |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|----------------|----------------------------------|---------------------|-----------|------------------------|
|                                                                                                                                                                                                                                                                   |     | 41228-202-105-001 | LUG            | Ⓑ                                |                     |           |                        |
| NO. REQ'D PER ASSY                                                                                                                                                                                                                                                |     | PART NO.          | NAME           | STOCK SIZE                       | MATERIAL            | MATL SPEC | ZONE                   |
| LIST OF MATERIAL                                                                                                                                                                                                                                                  |     |                   |                |                                  |                     |           |                        |
| PROPRIETARY RIGHTS NOTICE<br>THESE DATA ARE PROPRIETARY TO ERA AVIATION, INC. NO DISCLOSURE, REPRODUCTION, OR USE OF THESE DATA FOR ANY PURPOSE IS PERMITTED WITHOUT WRITTEN AUTHORIZATION FROM ERA AVIATION, INC. THE FOREGOING DOES NOT APPLY TO VENDOR PRINTS. | 003 | 1                 | 41228-201-004  | UNLESS OTHERWISE SPECIFIED X ± 1 | DFTSMAN T. HARVILLE | 12/4/92   | TITLE                  |
|                                                                                                                                                                                                                                                                   | 001 | 7                 | 41228-201-004  | XX ± .03                         | CHECK D. MURPHY     | 12/4/92   | UPPER LUG              |
|                                                                                                                                                                                                                                                                   | 003 | 1                 | 41228-201-003  | XXX ± .010                       | STRESS P. SCHWARTZ  | 12/4/92   |                        |
|                                                                                                                                                                                                                                                                   | 001 | 7                 | 41228-201-003  | ANGLES ± 1/2°                    | PROD. ENGR.         |           |                        |
|                                                                                                                                                                                                                                                                   |     | DATA NO.          | REV'D PER ASSY | HEAT TREAT                       | DWG. SIZE C         |           | SCALE NONE             |
|                                                                                                                                                                                                                                                                   |     | NEXT ASSEMBLY     |                | FINISH                           | ERA Aviation, Inc.  |           | DWG. NO. 41228-202-105 |
|                                                                                                                                                                                                                                                                   |     |                   |                |                                  |                     |           | REV. B                 |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO27877**

Purchase Order Date 3/24/2015

PO Print Date 3/24/2015

Page Number 1 of 2

**Order From :**

VU-RES001

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

RESIN SYSTEMS INC.  
1586 SWISCO ROAD  
SULPHUR, LOUISIANA 70665  
USA

**Contact Name**

**Vendor Phone** 337-625-4541

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms** Net 30

**Currency** USD

**FOB** Destination-Collect

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx Overnight collect

**Ship Acct:**

| Line Nbr                                                                                                                                                                                                                                                               | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments      | Description/<br>Mfg ID         | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended Price |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------|--------------------------------------|----|--------------------------------|---------------|----------------|
| 1                                                                                                                                                                                                                                                                      | 41228-202-105-001P<br><br>AS PER DWG 41228-202-105-001 REV.B<br>B130680 | Lug                            | 4/7/2015<br>Yes<br>4/7/2015          | FN | 2.00<br>Each                   | \$350.00      | \$700.00       |
| Line Total:                                                                                                                                                                                                                                                            |                                                                         |                                |                                      |    |                                |               | \$700.00       |
| 2                                                                                                                                                                                                                                                                      | 71401-45                                                                | PROCUREMENT<br>QUALITY CLAUSES | 4/7/2015<br><br>No<br>4/7/2015       |    | 1.00                           | \$0.00        | \$0.00         |
| Procurement Quality Clauses<br>A005 right of entry<br>A016 personnel qualification<br>A025 certification of conformance<br>A040 notification of quality escape<br>A041 quality management<br>A042 dart notification by supplier<br>A043 retention of quality documents |                                                                         |                                |                                      |    |                                |               |                |

Note:

3/24/2015



# RESIN SYSTEMS, INC.

1586 Swisco Road  
Sulphur, LA 70665  
337-625-4541

## Packing Slip

Invoice #:

00029453

Date

4/8/15

Bill To:

DART AREOSPACE LTD.  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
CANADA

Ship To:

DART AREOSPACE LTD.  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

|                                                                                                                                                                                                                                                                                                                                |                                                                  |                                |                 |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|-----------------|---------------------------------|
| Customer Order #<br>PO27877                                                                                                                                                                                                                                                                                                    | Ship Date<br>4/8/15                                              | Shipped Via<br>FedEx Overnight | Terms<br>Net 30 | Referral Source<br>Mario Poulin |
| QUANTITY<br>2                                                                                                                                                                                                                                                                                                                  | Description<br>ITEM 1: 41228-202-105-001P LUGS<br><i>SP5-413</i> |                                |                 | Our Job #<br>321399             |
| <p><b>CERTIFICATE OF CONFORMANCE:</b><br/>IT IS HEREBY CERTIFIED THAT ALL ARTICLES IN<br/>THE ABOVE SHIPMENT AND IN THE QUANTITIES AS<br/>CALLED FOR IN THE ABOVE CONTRACTOR'S<br/>PURCHASE ORDER ARE IN CONFORMANCE WITH<br/>THE REQUIREMENTS, SPECIFICATIONS AND<br/>DRAWINGS APPLICABLE TO THAT ORDER.</p> <p><i>Jh</i></p> |                                                                  |                                |                 |                                 |

SIGNATURE

DATE



## U.S. to Canada Next-Day Service Same-Day Clearance Request Form

Must use 1 request form for each PRO number  
Use only for lanes requiring same-day clearance

Next-day service is available between select points in the U.S. and Canada. In order for shipments to be delivered next day to eligible points, shipments must clear customs and cross the border same day as pickup.

To facilitate same-day clearance, Freight International Services and/or your customs broker must receive completed paperwork early in the day.

- Complete one Same-Day Clearance Request Form per U.S. to Canada shipment (PRO).
- All four sections are REQUIRED to avoid delays at the border crossing.
- Fax or email this form along with shipping and clearance documents to Freight International Services at 1.866.691.7967 or [intlnextday@fedex.com](mailto:intlnextday@fedex.com) or directly to your customs broker. If paperwork is sent directly to broker, also fax or email this form to Freight International Services as early as possible.
- Attach this form to the Bill of Lading and other paperwork you provide to your FedEx Freight driver.

Same-day clearance is based on importer's customs broker performing a timely customs entry. Contact Freight International Services at 1.800.351.5187 with any questions.

To: Freight International Services  
Subject: Canadian Paperwork for Customs

Fax No: 1.866.691.7967  
Telephone No: 1.800.351.5187

1) Shipper Contact: Deborah Istre Shipper Company Name: Resin Systems Inc. Shipper Phone: email - [debbie@rsiswla.com](mailto:debbie@rsiswla.com)  
337-625-4541

2) PRO Number: 

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 6 | 7 | 2 | 9 | 6 | 1 | 4 | 0 | 9 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|

3) Customs Broker (Information regarding the Canada customs broker): email: [spiros.xenos@kuehne-bagel.com](mailto:spiros.xenos@kuehne-bagel.com)  
Broker Name: Kuehne & Nagel Ltd Phone: 514-397-9900ext 3154 Contact Person: Spiros

4) Please select one of the following:

☒ Please forward the attached paperwork to the customs broker at fax number:

☐ I have forwarded the Canada customs paperwork directly to the broker.

(If sending paperwork directly to the broker, it is recommended that you include a copy of the Same-Day Clearance Request Form.

Additionally, the broker will need the PARS numbers (4713 + PRO # + R0) and port of entry by which this freight will cross. Please contact our dedicated Freight International Services team at 1.800.351.5187 if you have any questions.

**FedEx®**  
Freight

|                                                                                                                                                                            |                           |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------|
| Date<br>4/8/15                                                                                                                                                             | Shipper's Bill of Lading# | Purchase Order #<br>PO27877 |
| Shipper #<br>321399                                                                                                                                                        |                           | Shipper#                    |
| <b>REQUIRED: Please select a service type</b><br><input checked="" type="checkbox"/> FedEx Freight® Priority (FXFE) <input type="checkbox"/> FedEx Freight® Economy (FXNL) |                           |                             |

**SHIPPER (from)** Please provide ZIP codes and phone numbers. **CONSIGNEE (to)**

|                                                                                                                                           |  |                                                                                                   |  |                                                                                                                                        |  |                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|
| Shipper<br><b>RESIN SYSTEMS, INC.</b>                                                                                                     |  | FXF Acct. #                                                                                       |  | Consignee<br><b>DART AREOSPACE LTD</b>                                                                                                 |  | FXF Acct. #<br><b>15179324-0</b>       |  |
| Attn: to<br><b>JOHN ISTRE</b>                                                                                                             |  | Area Code<br><b>337</b>                                                                           |  | Phone Number<br><b>625-4541</b>                                                                                                        |  | Area Code<br><b>613</b>                |  |
| Address<br><b>1586 SWISCO ROAD</b>                                                                                                        |  |                                                                                                   |  | Address<br><b>1270 ABERDEEN</b>                                                                                                        |  | Phone Number<br><b>632-5200EXT 247</b> |  |
| Address (Store, Dept., Ste., Flr., Apt., Div.)                                                                                            |  |                                                                                                   |  | Address (Store, Dept., Ste., Flr., Apt., Div.)                                                                                         |  |                                        |  |
| Address                                                                                                                                   |  |                                                                                                   |  | Address                                                                                                                                |  |                                        |  |
| City<br><b>SULPHUR</b>                                                                                                                    |  |                                                                                                   |  | City<br><b>HAWKESBURY</b>                                                                                                              |  |                                        |  |
| State/Province<br><b>LOUISIANA</b>                                                                                                        |  | ZIP/Postal Code<br><b>70665-8206</b>                                                              |  | State/Province<br><b>ON</b>                                                                                                            |  | ZIP/Postal Code<br><b>K6A 1K7</b>      |  |
| Country<br><b>USA</b>                                                                                                                     |  |                                                                                                   |  | Country<br><b>CANADA</b>                                                                                                               |  |                                        |  |
| Importer of Record<br><input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party |  |                                                                                                   |  | Accessorial Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access |  |                                        |  |
| Third Party Name                                                                                                                          |  |                                                                                                   |  | Special Instructions                                                                                                                   |  |                                        |  |
| Telephone                                                                                                                                 |  | City, State/Province                                                                              |  |                                                                                                                                        |  |                                        |  |
| Mode of Transportation<br><b>Truck</b>                                                                                                    |  | Terms of Sale (i.e. Ex Works (EXW), Delivered Duty Unpaid (DDU), Delivered Duty Paid (DDP), etc.) |  |                                                                                                                                        |  |                                        |  |

|                                                                                                                              |  |  |                                  |  |                                                |  |                                                 |  |                         |
|------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------|--|------------------------------------------------|--|-------------------------------------------------|--|-------------------------|
| BILL/FREIGHT/CHARGES TO (If different than above)                                                                            |  |  |                                  |  |                                                |  |                                                 |  |                         |
| Name<br><b>DART AREOSPACE LTD.</b>                                                                                           |  |  | FX# Acct. #<br><b>15179324-0</b> |  | Mailing Address<br><b>1270 ABERDEEN STREET</b> |  |                                                 |  |                         |
| City<br><b>HAWKESBURY</b>                                                                                                    |  |  | State<br><b>ON</b>               |  | ZIP/Postal Code<br><b>K9A 1K7</b>              |  | Country<br><b>CANADA</b>                        |  | Area Code<br><b>613</b> |
|                                                                                                                              |  |  |                                  |  |                                                |  | Phone Number<br><b>632-9577</b>                 |  |                         |
| Freight charges are <b>PREPAID</b> unless marked collect.<br><b>CHECK BOX IF COLLECT</b> <input checked="" type="checkbox"/> |  |  |                                  |  |                                                |  |                                                 |  |                         |
| FOR INTERNATIONAL SHIPMENTS PLEASE INDICATE BELOW THE NAME, FAX NUMBER AND PHONE NUMBER OF THE BROKER.                       |  |  |                                  |  |                                                |  |                                                 |  |                         |
| EE/SED Number or Exception                                                                                                   |  |  |                                  |  |                                                |  | Phone # ( <b>514</b> ) <b>397-9900 ext 3154</b> |  |                         |
| Broker Name <b>Kuehne &amp; Nagel Ltd.</b> Attn: <b>Spinos</b>                                                               |  |  |                                  |  |                                                |  | FAX # ( <b>514</b> ) <b>397-0400</b>            |  |                         |

**RECEIVED**, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper; if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations, the property described below, in apparent good order; except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, and the conditions of the EXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

[illegible]

★ MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

|                                                                                                                        |                                         |                                                                                              |                                                    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>TOTAL H/A:</b><br><b>1</b>                                                                                          | <b>TOTAL NET WEIGHT</b><br><b>2 LBS</b> | <b>TOTAL GROSS WEIGHT</b><br><b>2 LBS</b>                                                    | <b>INVOICE TOTAL (USD OR CAD)</b><br><b>700.00</b> |
| <b>HM EMERGENCY CONTACT PHONE NUMBER</b> ( ) _____<br><b>HM EMERGENCY RESPONSE PROVIDER PERSON or CONTRACT #</b> _____ |                                         | <b>Exporter's Name and Address (If other than Vendor/Shipper)</b><br>_____<br>_____<br>_____ |                                                    |

NOTE(1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_."

**Note (2) liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC for this carrier's governing tariffs. See FXP 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$5.00 per pound per package for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence for NEW articles or \$10,000 per occurrence for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FXP 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of some and standard liability coverage will apply.**

☐ Articles are **NEW**, and require Excess Liability Coverage in the amount of \$ \_\_\_\_\_ per pound. **Additional charges will apply.**

☐ Articles are **USED or RECONDITIONED** and require Excess Liability Coverage. **Additional charges will apply.**

**NOTE (3)** Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 368.

Exporter's Name and Address (If other than Vendor/Shipper)

FOR FREIGHT COLLECT SHIPMENTS

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

**Consumer Signature**

SHIPPER CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

**Shigeru Signature**

**CARRIER CERTIFICATION**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.

| DATE   | DRIVER/EMPLOYEE NUMBER | PIECE COUNT | TRAILER # |
|--------|------------------------|-------------|-----------|
| 4/8/15 |                        |             |           |

## FIRST ARTICLE INSPECTION CHECKLIST

|              |             |             |  |                       |  |
|--------------|-------------|-------------|--|-----------------------|--|
| Measured by: | 38<br>9-89  | Audited by: |  | Preliminary Approval: |  |
| Date:        | APR 14 2015 | Date:       |  | Date:                 |  |

| Rev | Date     | Change                     | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| E   | 10.04.14 | Added preliminary approval | KJ         |          |